

Harriet Barber

Town

County

MARYLAND

Died at Lime Kiln Fred.

Date 1902	Month	Day	Y.	M.	D.	Native of	Occupation
	Oct	3	71	9	24	N. Y.	Housewife
Male		White		Married		Widow	
Female		Colored		Single		Widower	
Number of children living							3

Husband of John Barber

Wife

Father's Name

Mother's Maiden Name

Cause of	Primary	General Debility	How long sick
Death	Immediate	following fracture of Femur	2 yrs - 4 1/2 mos
			Accident, Suicide, Homicide

Reported by W. Clyde Ponton M. D.

Address Beechys town Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elizabeth K. Bayler

CERTIFICATE OF DEATH

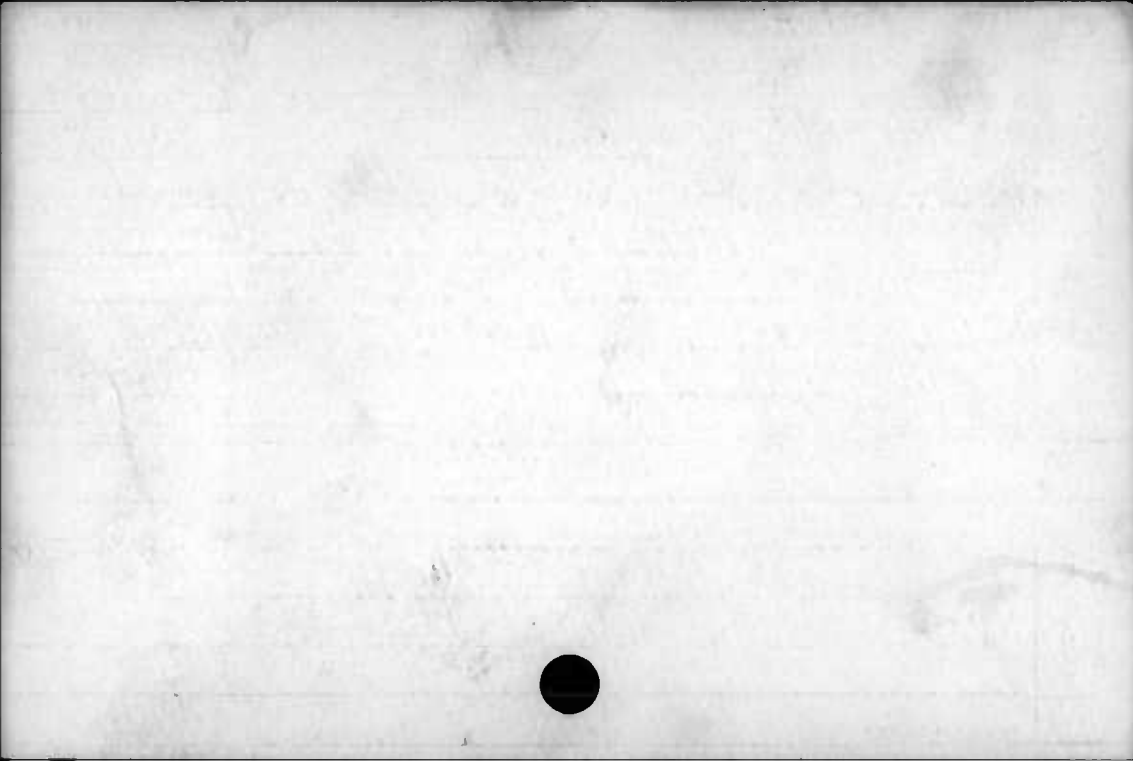
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brimswick		County Frederick		MARYLAND	
Date of death 190	4	Month Oct	Day 24	Age Years	57	Months	Days
Sex	Female		Color or Race	white		Birth- place	Md
Marrled, Single or Widowed	Widow			Occupation	House work		
Name of Wife or Husband	Leander Bayler						
Father's Name	John Reed					Father's Birthplace	va
Mother's Maiden Name	Elizabeth Apple					Mother's Birthplace	va
Name of person giving In formation	Harry Bayler					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright Disease	120	How long	6 mo
Immediate	Uremia		How long	36 hrs
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Levin Fresh
			Address	Brimswick Frederick Co
Accident or Suicide?	no			



Name In Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 28

Age

73

Maryland

Housewife

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Apoplexy.

How long sick

3 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76698



Wm Belson

Town

County

Died at

Indines Indines

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 19

Age

22

7

Md.

Cigar Maker

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

One

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Lena Muel

Reuben Plummer

Minnie Belson

Cause of

Primery

Pneumonia 9th

How long sick

A few days

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

J. B. Johnson M.D.

Address

Indines Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

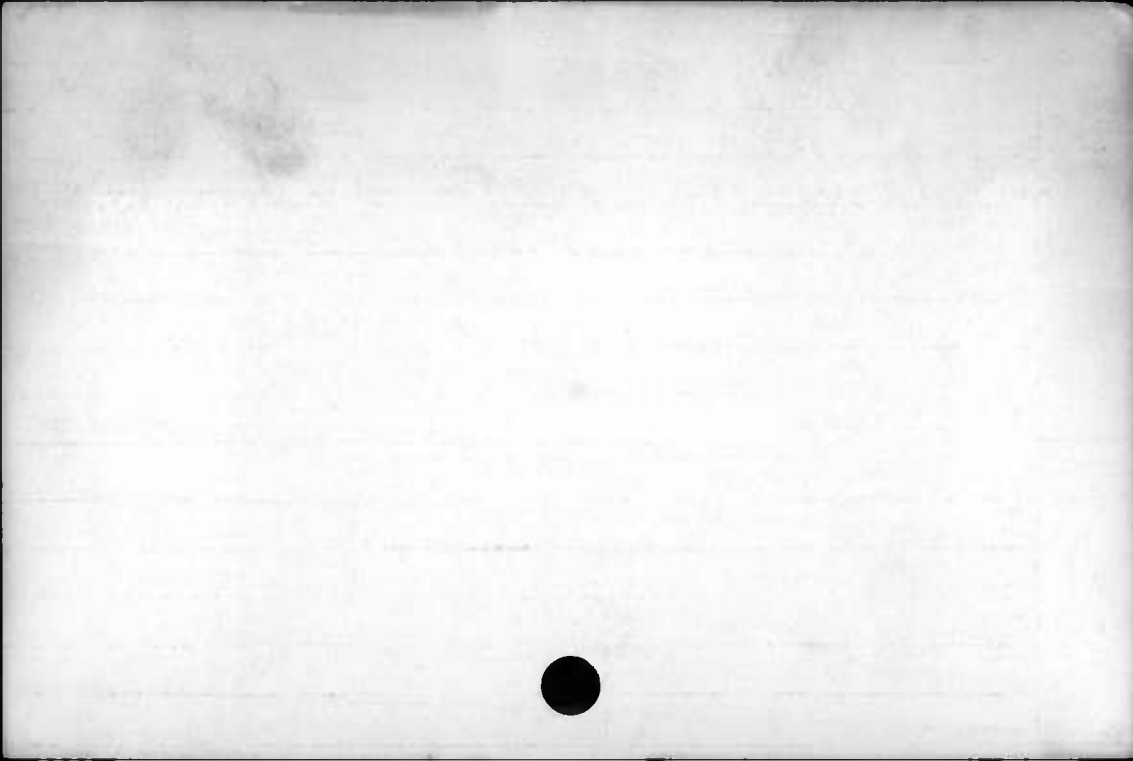
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brunswick</i>		County <i>Fredrick</i>		MARYLAND	
Date of death 190		2	Month <i>Oct</i>	Day <i>5</i>	Age Years	Months	Days
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>Brunswick</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Chas William M Bond</i>				Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Ellen Beamer</i>				Mother's Birthplace <i>Md</i>			
Name of person giving In formation <i>Chas W m Bond</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Premature Labor</i>		How long <i>3 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Levin West</i>	
		Address <i>Brunswick Md</i>	
Accident or Sulcide?			



Name in Full

Certificate of Death

Infant of John N. Boyd

Died at Frederick Town Frederick County MARYLAND

Date 1902 Month 10 Day 1 Age X X X Y. M. D. Native of X Occupation X

Male White Married Widow Divorced Female Colored Single Widower Number of children living none

Husband of X Wife X

Father's Name John N. Boyd Mother's Name Susan Chase

Maiden Name Susan Chase

Cause of Primary How long sick X

Death Immediate Still born Accident, Suicide, Homicide

Reported by W. L. Long M.D.

Address City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Charles L. Brown

Died at ^{Town} Sabillasville

County Frederick

MARYLAND

Date 19 ^{Month} ^{Day} ^{Year} ^M ^D ^{Native of} ^{Occupation}
 19 ¹⁹ Oct 31 Age 36 Maryland
 Male White Single Wid Number of children living

Husband of

Wife

Father's Name Ivan M. Brown

Mother's

Maiden Name

Alta M. Brown

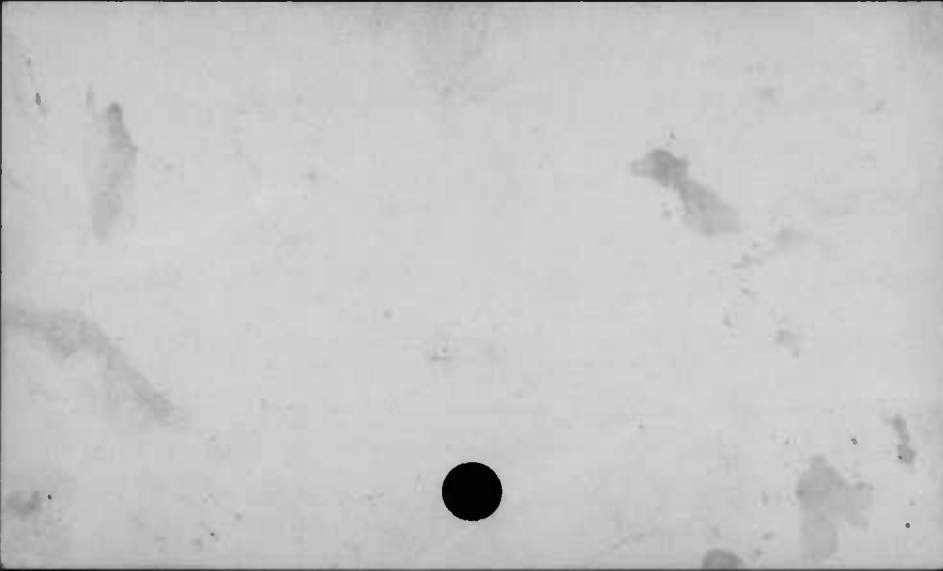
Cause of Death { Primary Marasmus → 105
 Immediate 6 days
 How long sick
 Accident, Suicide, Homicide

Reported by

Address

C. L. Wachter, M.D.
 Sabillasville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

George Carter

Town

County

Died at Monticello Hosp. Md. 10

MARYLAND

Date 1902 Oct 9 Age 50 Y M D Native of Md Occupation Laborer.

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living —

Husband of —
 Wife —

Father's Name — Mother's Maiden Name —

Cause of Death { Primary (Insane) Diabetic Melitosis - 50 How long sick 1 Year
 Immediate Convulsions - Accident, Suicide, Homicide

Reported by W. S. Maynard M.D.

Address 17 Second St. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

1902

Arthur B. Cramer

CERTIFICATE OF DEATH

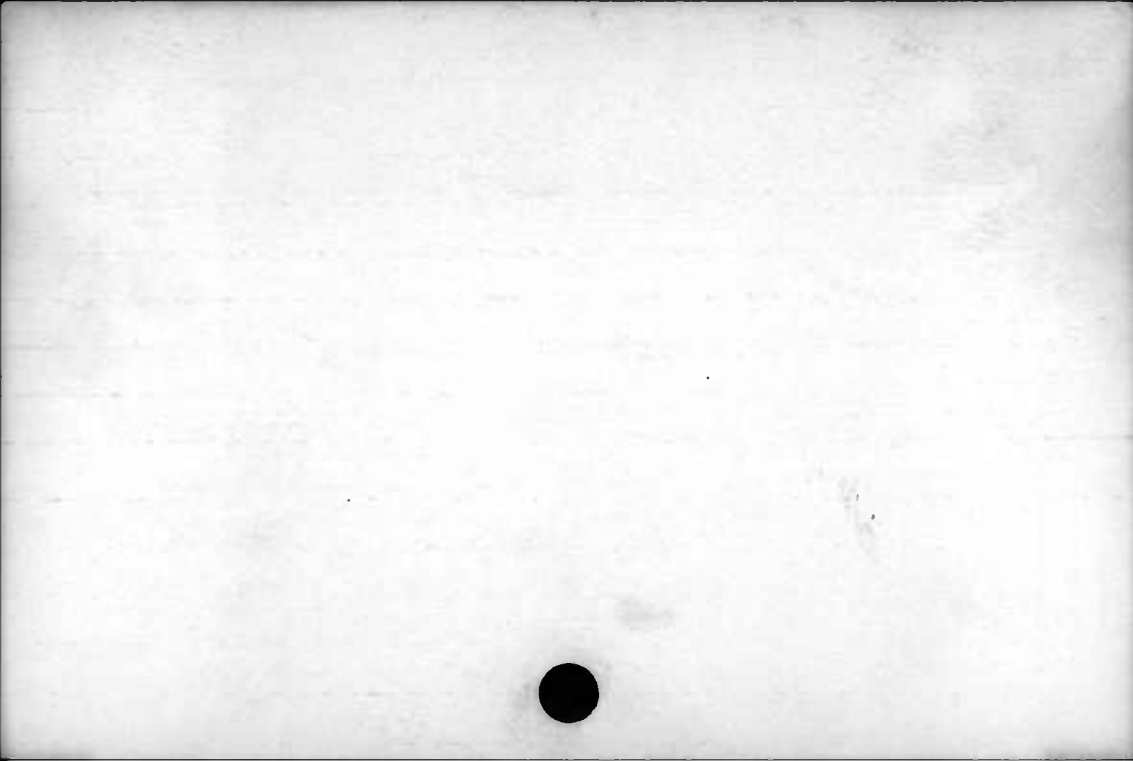
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town		County <i>Frederick</i>		MARYLAND	
Date of death 190	Month <i>Oct.</i>	Day <i>22</i>	Age <i>1</i>	Years	Months <i>8</i>	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick</i>			
Married, Single or Widowed <i>Child</i>				Occupation			
Name of Wife or Husband							
Father's Name <i>Michael B. Cramer</i>				Father's Birthplace <i>Redline, Del.</i>			
Mother's Maiden Name <i>Elizabeth Early</i>				Mother's Birthplace <i>Frederick Co</i>			
Name of person giving information <i>Michael Cramer</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningitis, Rachitis, Indigestion Worms</i>	How long <i>Months</i>
Immediate <i>Meningitis, Paralysis of Respiration</i>	How long <i>Six days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. H. Woke md</i>
	Address <i>Frederick Md</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Lattie Larvinia Danner

Died at ^{Town} Brewsmack ^{County} Frederick MARYLAND

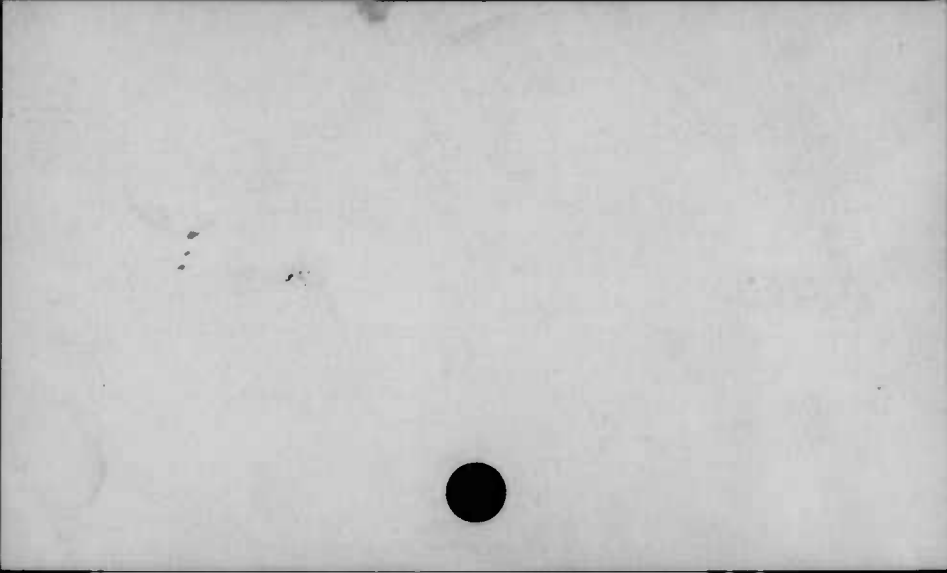
Date 1902 OCT 5- | Age 20 | Native of Ind | Occupation Housewife
~~Male~~ White Married ~~Widow~~ ~~Divorced~~ Number of children living one
 Female ~~Colored~~ ~~Single~~ ~~Widower~~

~~Spouse~~ of Chr. F. Danner
 Father's Name + William Miller Maiden Name Mother's Louisa Hoffmaster

Cause of Death { Primary Typhoid Fever | How long sick 2 weeks
 Immediate Exhaustion | Accident, Suicide, Homicide

Reported by Kevin West
 Address Brewsmack Frederick C

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Northampton Dunlop

Town

County

Died at

MARYLAND

Date 189

Month	Day	Y.	M.	D.	Native of	Occupation
Feb	31 st	76	yr		Maryland	Retired

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

one

Husband

of

Wife

Don't know

Father's

Name

David Dunlop

Mother's

Name

Annie Gibson

Cause of

Primary

Senile debility

How long sick

Two weeks

Death

Immediate

Paralysis

154

Accident, Suicide, Homicide

Reported by

D. E. Miller MD

Address

Frederick Md

R. F. D. #24

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 71903

Name
in
Full

Joseph E. Dunn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Emmitsburg</i> ^{Town}		<i>Frederick</i> ^{County}			
Date of death 190 <i>2</i>	Month <i>14</i>	Day <i>24</i>	Age <i>33</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Married, Single or Widowed <i>Married</i>		Occupation			
Name of Wife ^{Husband} <i>Dusie E. Dunn</i>					
Father's Name <i>Charles Dunn</i>			Father's Birthplace		
Mother's Maiden Name <i>Elizabeth McTally</i>			Mother's Birthplace		
Name of person giving information <i>his wife</i>			How related to deceased		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis lungs</i>	How long
Immediate <i>Congestion left lung</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John B. Brunner</i>
	Address <i>Emmitsburg</i>
Acc. <i>[redacted]</i> No?	



Name
in
Full

CERTIFICATE OF DEATH

Irvin, Mildred Becker
Town Frederick County

MARYLAND

Died at Woodsboro Dist

Date

Month

Day

Age

Years

Months

Days

of death 1902

Oct

3

about 2 M

Sex

Male

Color or
Race

White

Birth-
place

Woodsboro dist

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Thomas Becker

Father's
Birthplace

Liberty

Mother's
Maiden Name

Elba W.

Mother's
Birthplace

Union Bridge

Name of person giving
Information

J. Thomas Sira

How related
to deceased

CAUSES OF DEATH

Primary

Whooping cough

8

How long

2 weeks

Immediate

suffocation

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

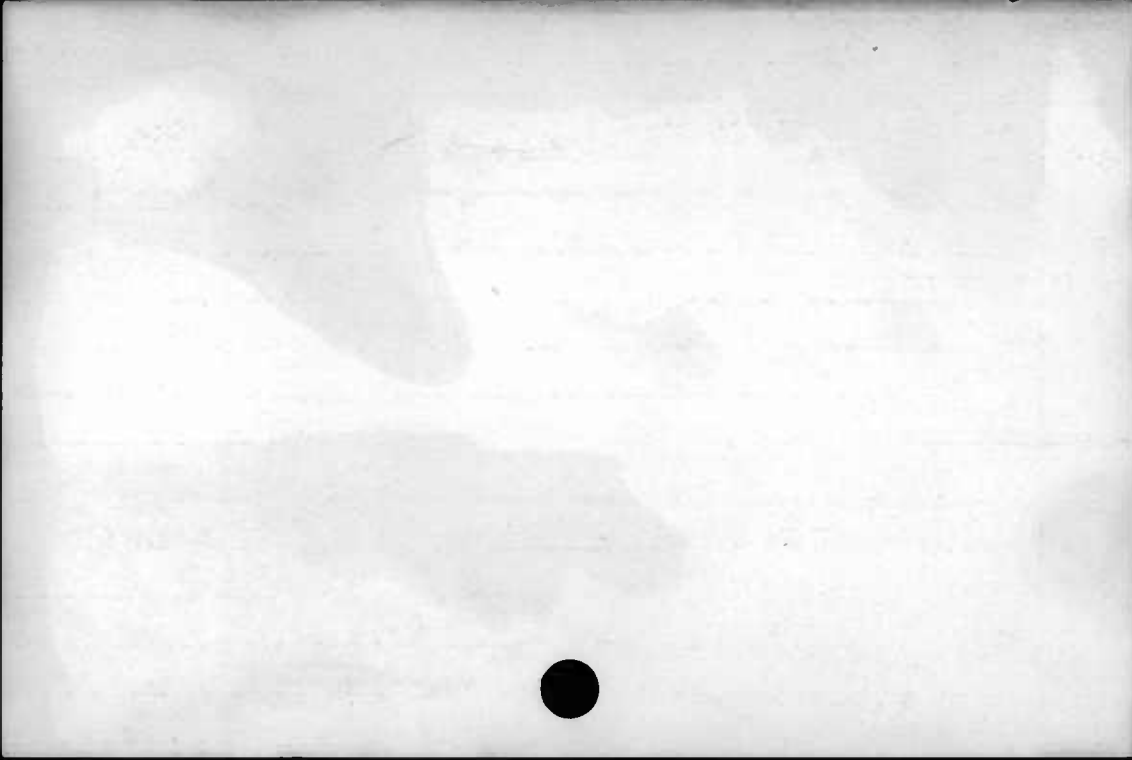
Address

J. Thomas Sira
Liberty town
Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Ladysburg</i> ^{Town}		<i>Frederick</i> ^{County}			
Date of death 190 <i>2</i>	Month <i>Oct</i>	Day <i>15</i>	Age <i>71</i>	Months <i>9</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed			Occupation		
Name of Wife or Husband <i>George Flickinger</i>					
Father's Name <i>Peter Exler</i>			Father's Birthplace		
Mother's Maiden Name <i>Susan Strine</i>			Mother's Birthplace		
Name of person giving information <i>John C. Liggett, M.D.</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>over year</i>
Immediate <i>General debility</i>	How long <i>66</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John C. Liggett, M.D.</i>
	Address 
Accident or Suicide?	



Name
in
Full

Estie M. Hare

CERTIFICATE OF DEATH

Town

County

Died at

Urbana Dist Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1902

Oct

22

Age

16

1

13

Sex

Female

Color or
Race

White

Birth-
place

Urbana Dist

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden Name

Isabell. Hare

Mother's
Birthplace

Urbana Dist.

Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Typhoid Fever +

How long

One week.

Immediate

Enteritis

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

E. E. Whellins
Urbana, Ill.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Co. Co. Early-

M O'Brien-

Oct 24 - 1902

Mrs. Mollie Harp

Town

County

Wolfsville

Frederick

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

Oct 8

Age

Md

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

10

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Aortic Regurgitation

How long sick

8 months

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

A.

J. Smith, M.D.
Wolfsville

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Amy May Heidler

CERTIFICATE OF DEATH

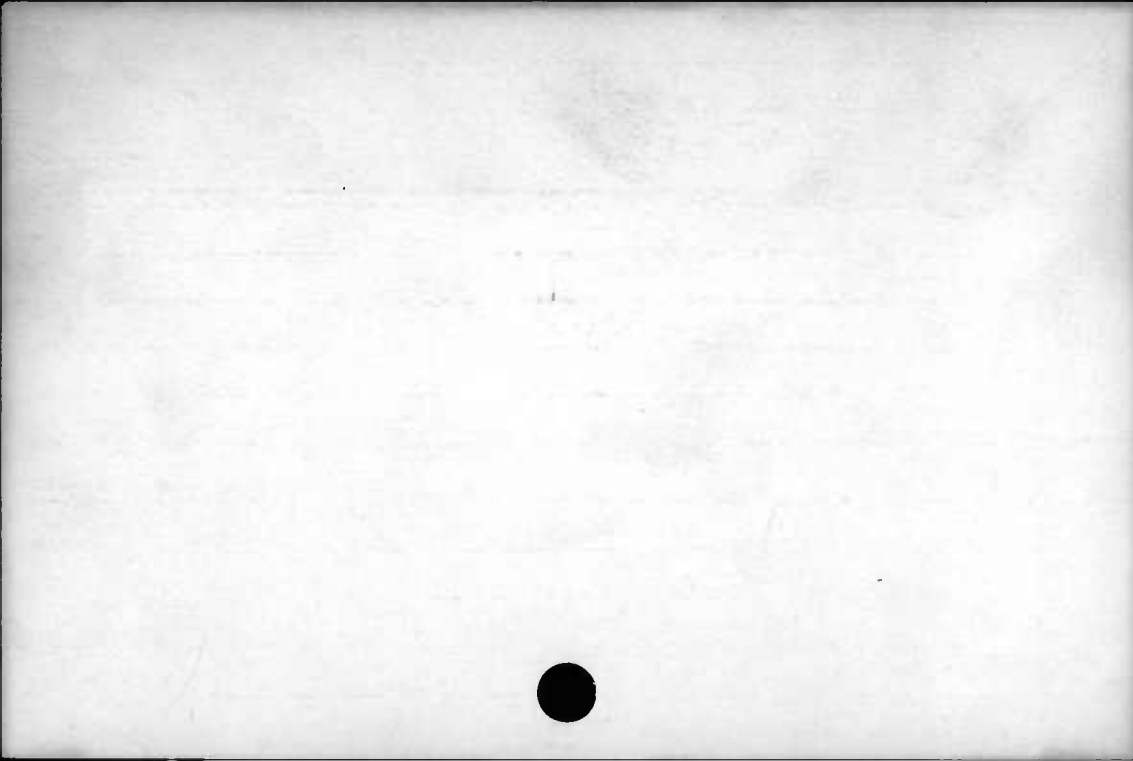
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Oct.</i>	Day <i>22</i>	Age <i>7</i>	Months <i>11</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Fredk., Md.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>None</i>					
Father's Name <i>A. E. Heidler</i>			Father's Birthplace <i>Hanover, Pa.</i>		
Mother's Maiden Name <i>Maggie C. Eyles</i>			Mother's Birthplace <i>Fredk. Co., Md.</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	<i>9a</i>	How long <i>one week</i>
Immediate <i>Paralysis of heart</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. S. Hendrix</i>	
	Address <i>Frederick, Md.</i>	
Accident or Suicide?		



Mary B. Hissey

Town

County

Died at

Brunswick

Frederick

MARYLAND

Date 1901

Month Day

Oct. 8

Age 33

Y.

M.

D.

Native of

Md

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

four

~~Husband~~ of

Chr Lincoln Hissey

Wife

Father's

Name

Edward Dean

Mother's

Maiden Name

Mary A. Ball

Cause of

Primary

Typhoid Fever

How long sick

4 weeks

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Lemi West

Address

Brunswick

Fredk C

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Eugene Thornton Sturley Jr.

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Oct

5

Age

38

Ohio

Boiler

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

~~Single~~~~Widow~~

Number of children living

1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Sarcoma

45

How long sick

3 weeks

Death

Immediate

Pneumonia - Exhaustive

~~Accident, Suicide, Homicide~~

Reported by

S. S. Maynard M.D.

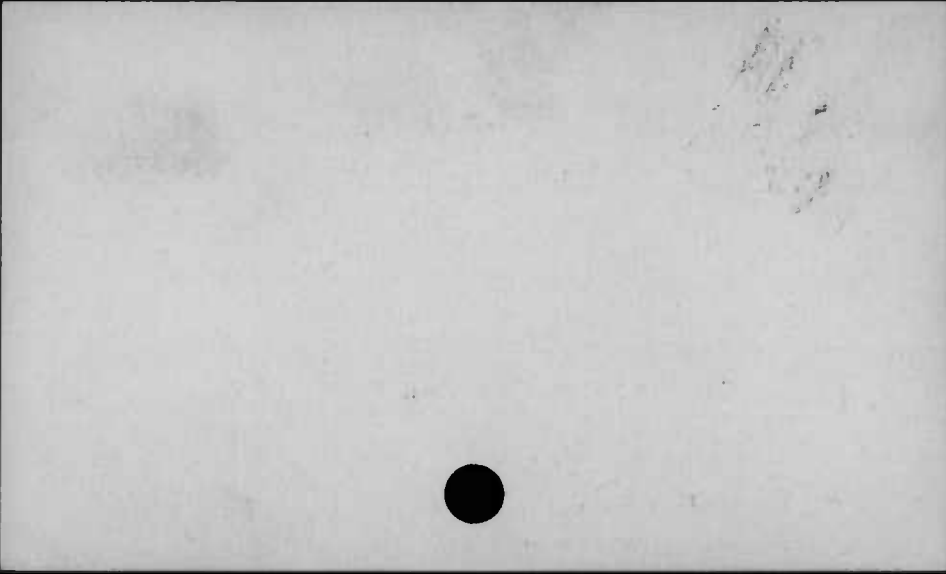
Address

17 Second St. N.

Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Gerlie Leems

Town

County

Died at

Frederick City Frederick County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Oct. 23rd 1902

Age

between 30 and 40 Frederick

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living *2 or 3*Husband
of

Wife

Father's

Mother's

Name

Name

176

Cause of

Primary

*Supposed Murder
wound in the head
Armed Assault*

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

*John Wood Acting Coroner
Frederick*

Address



Name
in
Full

Virgie Eugenia Keyser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bridgeton		County Bridgeton		MARYLAND	
Date of death 190		Month 2	Day 28	Age 29	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Bridgeton, Co., Md.
Married, Single or Widowed				Single			
Occupation				None			
Name of Wife or Husband							
Father's Name				Samuel Keyser			
Mother's Maiden Name				Mary Catherine Railing			
Name of person giving in formation				Richard Keyser			
Father's Birthplace				Md.			
Mother's Birthplace				Md.			
How related to deceased				Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular disease of Heart		How long	Several years
Immediate	Asthma and Apoplexy		How long	Two days
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		S. V. Haffner, M.D.		
Address		Bridgeton, Md.		
Accident or Suicide?				



Name in Full

Certificate of Death

George Kipe

Died at ^{Town} Sabillasville ^{County} Frederick

MARYLAND

Date 1902 Oct. 27 Age 77 Y. M. D. Native of Occupation Farmer

Male White Married ~~Widower~~ ~~Single~~ Number of children living 8

Husband of Elizabeth Kipe

Wife

Father's Name John Kipe Mother's Maiden Name 79

Cause of Death Primary Heart Disease How long sick No sickness.

Death Immediate Accident, Suicide, Homicide

Reported by L. L. Trachter M. D.

Address Sabillasville Md.

Must be signed by physician, if any in attendance, otherwise by ~~funeral~~ undertaker or minister.



Name
in
Full

Rosa Myrtle Kline

CERTIFICATE OF DEATH

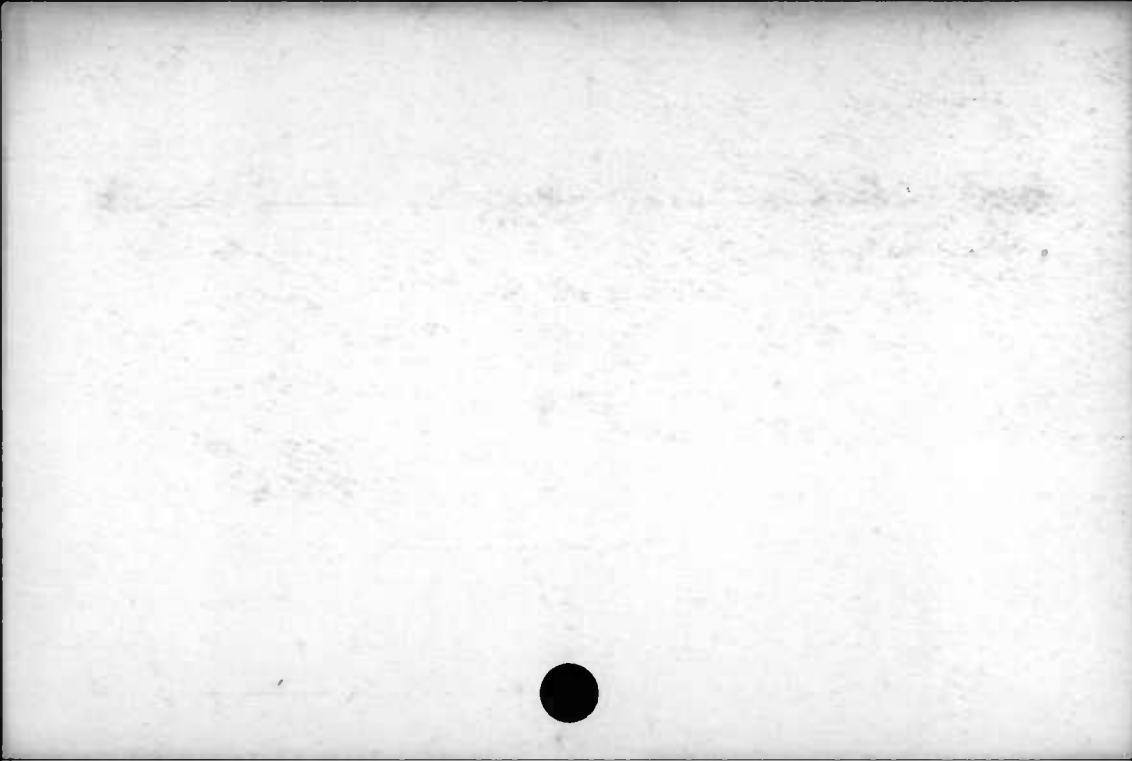
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shookstown</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190	Month <i>Oct.</i>	Day <i>23</i>	Age <i>10</i>	Years	Months <i>4</i>	Days <i>3</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>County</i>				
Married, Single or Widowed <i>Child</i>			Occupation				
Name of Wife or Husband							
Father's Name <i>Charles Daniel Kline</i>				Father's Birthplace <i>County</i>			
Mother's Maiden Name <i>Lola Rebecca Kline</i>				Mother's Birthplace			
Name of person giving information <i>Chas. D. Kline</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebrospinal Pneumonia</i>	How long <i>Two days</i>
Immediate <i>Asphyxia due to consolidation of lungs and failing heart</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>B. N. Hoke M.D.</i>
	Address <i>Frederick Md.</i>
Accident or Suicide?	



Name
in
Full

Sarah E Lease

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Pleasant</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	<i>Oct</i> ^{Month}	<i>20</i> ^{Day}	Age <i>60</i> ^{Years}	<i>1</i> ^{Months}	<i>13</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Near Frederick</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housekeeper</i>			
Name of Wife or Husband <i>Josiah Lease</i>					
Father's Name <i>Henry Kistrow</i>			Father's Birthplace		
Mother's Maiden Name <i>Kesiah Mayhew</i>			Mother's Birthplace <i>Fred Co</i>		
Name of person giving Information <i>Josiah Lease</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Ulceration of Bladder</i>	How long	<i>2 years</i>
Immediate	<i>Debility from Stomach trouble</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W E Stern</i>
		Address	<i>Mt Pleasant Md</i>
Accident or Suicide?			



Name in Full

Certificate of Death

Minerva Ledgewood
 Town County

Died at Woodsboro Fredk. MARYLAND

Date 1902 Oct 27 Y. M. D. Age 72-7-17 Native of Md. Occupation Housekeeper
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

Caused by complication
 of Cardiac + Renal disease

How long sick

6 mo.

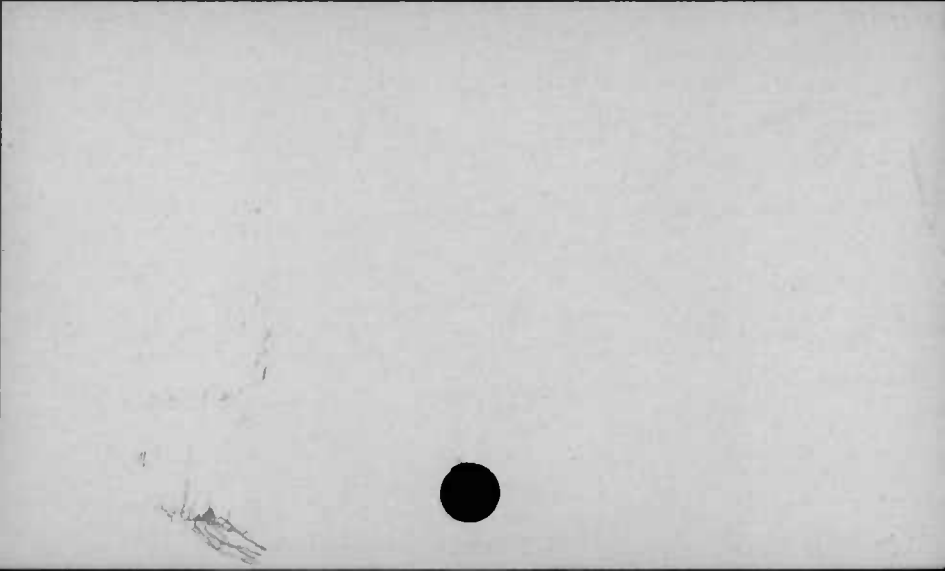
~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name In Full

Certificate of Death

Died at

Town
Fredrick

County

MARYLAND

Date 1902

Month Day
Oct. 4th

Age

Y. M. D.
22 11

Native of

Md

Occupation

Laborer.

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Henry Lee

Mother's

Maiden Name

27

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Six months

Death

Immediate

asthenia

~~Accident, Suicide, Homicide~~

Reported by

Frank Hedger M. L.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

Female

White

Married

Widow

Divorced

Number of children living

Single

Widower

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858



Name In Full

Certificate of Death

Charles Lawrence

Town

County

Died at

Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Oct 27

Age

41 7 19

Wid

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Leg crushed by R. R. Car

How long sick

0 hours

Death

Immediate

Shock

Accident, Suicide, Homicide

Reported by

Dr. J. M. Brandy

166

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	

Interment Oct 11th
" at Doubs Cemetery

A. F. Rice & Son's.

Sarah Mills

Town

County

MARYLAND

Died at Monticello

Grooming

Date 1902	Month Oct	Day 14	Age 84	Y. M. D.	Native of Md	Occupation Retired
Male	White	Married	Widow	Divorced	Number of children living 1	
Female	Colored	Single	Widower			

Husband
of
WifeFather's
NameMother's
Maiden Name

Cause of Primary

Old Age

How long sick

Death Immediate

Exhaustion

154

Accident, Suicide, Homicide

Reported by

J. S. Macnamara

Address

17 Second St - W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James A. Mitchell

Town

County

MARYLAND

Died at Emmitsburg Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 10 18 Age 50. 1 12 Ireland Geologist

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

4

Husband of

~~Wife~~

Father's

Name

Mother's

Maiden Name

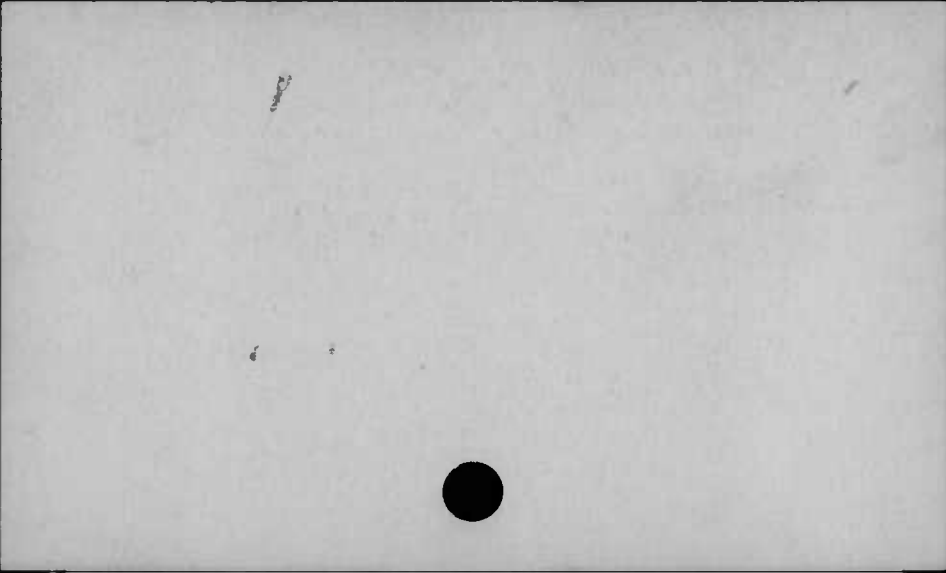
Margaret Wilson
Michael Mitchell Jane Petters.
Cause of { Primary Typhoid Fever | How long sick 7 weeks 4 days
Death { Immediate Heart Failure. | Accident, Suicide, Homicide

Reported by

Address

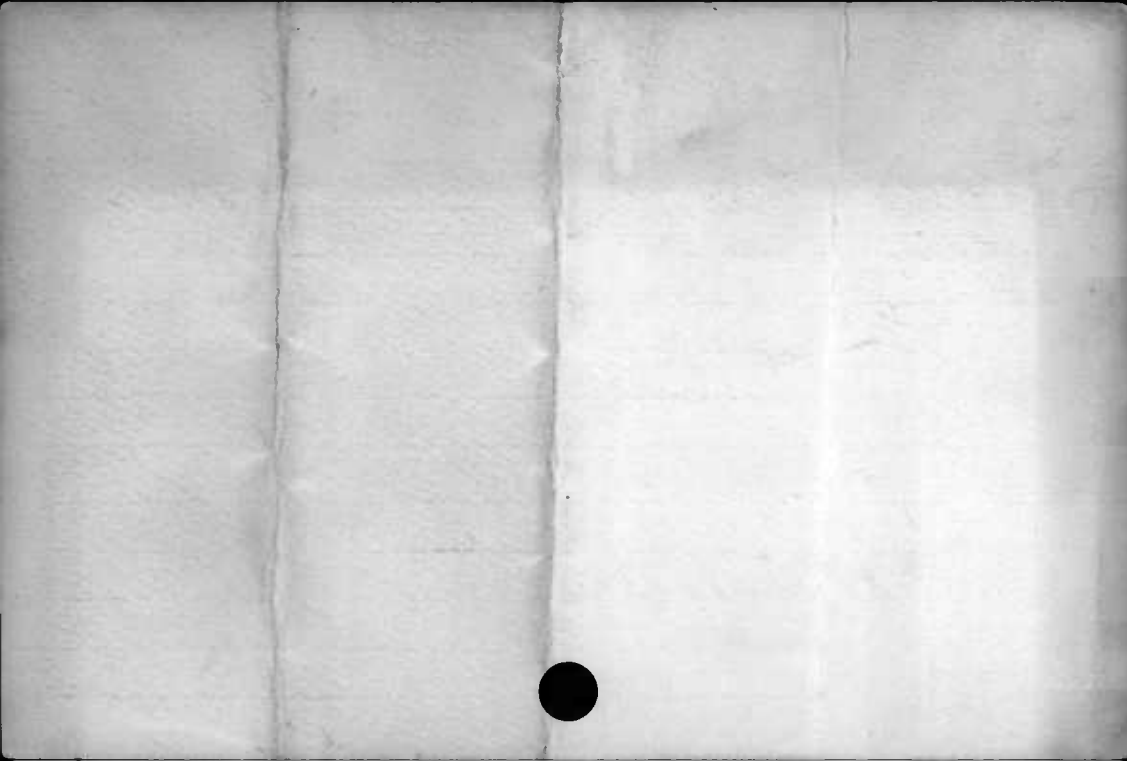
John B. Browner, M.D.,
Emmitsburg

LIBRARY BUREAU, 70000



TO BE ANSWERED BY NEAREST FRIEND	Name in Full		Terese Morningroads				CERTIFICATE OF DEATH	
	Died at		near Reels Hill Frederick County				MARYLAND	
	Date of death 1902	Month	Day	Age	Years	Months	Days	
	Sex	Female		Color or Race	White		Birth-place	Maryland
	Married, Single or Widowed			Occupation	Laborer			
	Name of Wife or Husband							
	Father's Name				Father's Birthplace			
	Mother's Maiden Name				Mother's Birthplace			
Name of person giving information							How related to deceased	

PHYSICIAN OR CORONER	CAUSES OF DEATH	
	Primary	How long
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Accident or Suicide?	Address



Name In Full

Certificate of Death

John Monumplais Infant,

Town

County

Died at Buckeysburg Indiana

MARYLAND

Date 1902 Oct 20 | Age 2 28 | Native of Ind. Co. | Occupation _____

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband
of

Wife

Father's Name John Monumplais

Mother's Maiden Name Anna Breder,

Cause of Death { Primary Permea 8
 Immediate Gastro-Enteritis

How long sick 7 or 8 weeks
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79858



James W. Morgan
 Town *Wolfsville* County *Frederick* MARYLAND
 Dfied at
 Date 19 *02* Month *Oct* Day *16* Age *69-6-19* Y. M. D. Native of *Md* Occupation
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *6*

Husband of *Blara Morgan*
~~Wife~~
 Father's Name *David Morgan* Mother's Maiden Name *Susan Morrison*
 Cause of Death { Primary *40* How long sick *5 months*
 Immediate *Carcinoma of Liver* ~~Accident, Suicide, Homicide~~

Reported by

A. J. Smith
Wolfsville
Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Certificate of Death

Town

County

MARYLAND

Died *Mar Indur* *Indur*

Month Day

Y. M. D.

Native of

Occupation

Date 1902 Oct 20

Age 75

Med

Marta

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Four.

Husband of

Wife

Father's

Mother's

Name _____

Maiden Name

154

Cause of	Primary
1. Infection	
2. Trauma	
3. Neoplasia	
4. Systemic disease	
5. Endocrine	
6. Nutritional	
7. Genetic	
8. Immune	
9. Vascular	
10. Metabolic	
11. Congenital	
12. Iatrogenic	
13. Unknown	

How long sick

How long sick
Several months.

Death	Immediate
-------	-----------

Accident, Suicide, Homicide

Reported by

J. M. Johnson M.D.

Address

Franklin Med.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75898



Name in Full

Certificate of Death

Hermi H. Nurse

Town

County

MARYLAND

Died at

Emmitsburg - Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902-

Oct. 10th

Age

71.1.1

U.S.

Boysen

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of Mary Nurse

Wife

Father's

Mother's

Name Jesse W. Nurse Maiden Name

166

Cause of

Primary

Fall from roof

How long sick

One day -

Death

Immediate

Concussion of Brain

Accident, Suicide, Homicide

Reported by

H. H. E. Stone

Address

Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by minister, undertaker or minister.

LIBRARY BUREAU, 74894



Name In Full

Certificate of Death

Orr, Walter H.

Town

County

Died at

MARYLAND

Date

1902 - 10 - 21

Age 9 - 0 - 0

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Tuberculosis

How long sick

5 yrs

Death

Immediate

apnoea

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate
received from _____

of _____

Name in Full

Certificate of Death

Mary Edith Pearl

Died at ^{Town} *Thummont*^{County} *Frederick*

MARYLAND

Date 19 *02* *Oct* - *27* Age *8.2.9* Native of *Maryland* Occupation _____

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female *Colored* *Single* *Widower* *Number of children living*

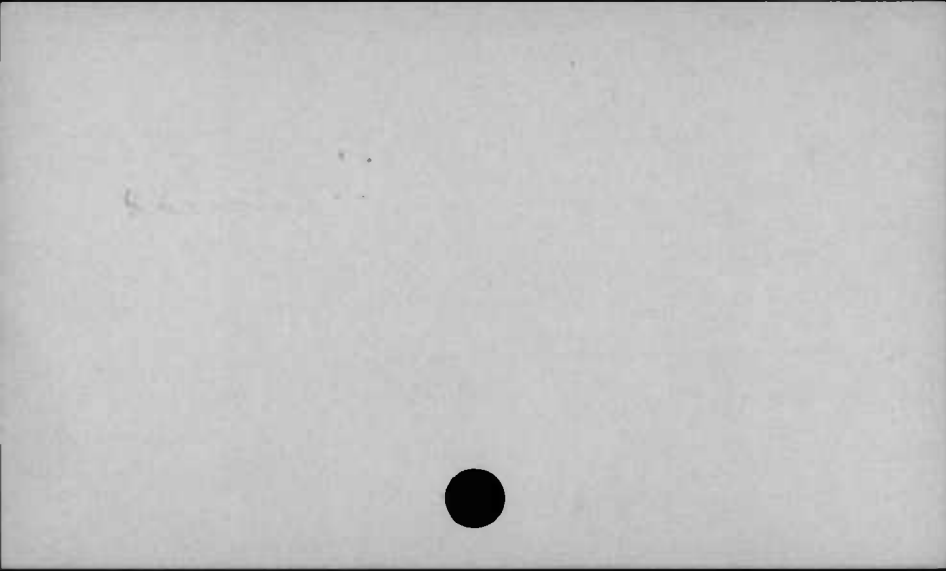
Husband
of
WifeFather's Name *Wm Pearl*Mother's Name *Lda Graham*

Cause of Death { Primary Immediate } How long sick *9w*

Malignant Diphtheria Accident, Suicide, Homicide

Reported by *James R. Galters M.D.*Address *Thummont* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mena Peters

Town

County

MARYLAND

Died at

Int. St Marys

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

10-31

Age

50-4-0

Md

House Wife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Name

Joseph Smith

Mother's

Maiden Name

Don't Know

Cause of

Primary

Consumption

How long sick

2 years

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

W. H. E. Stone

Address

Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIVELY BUREAU, 75000



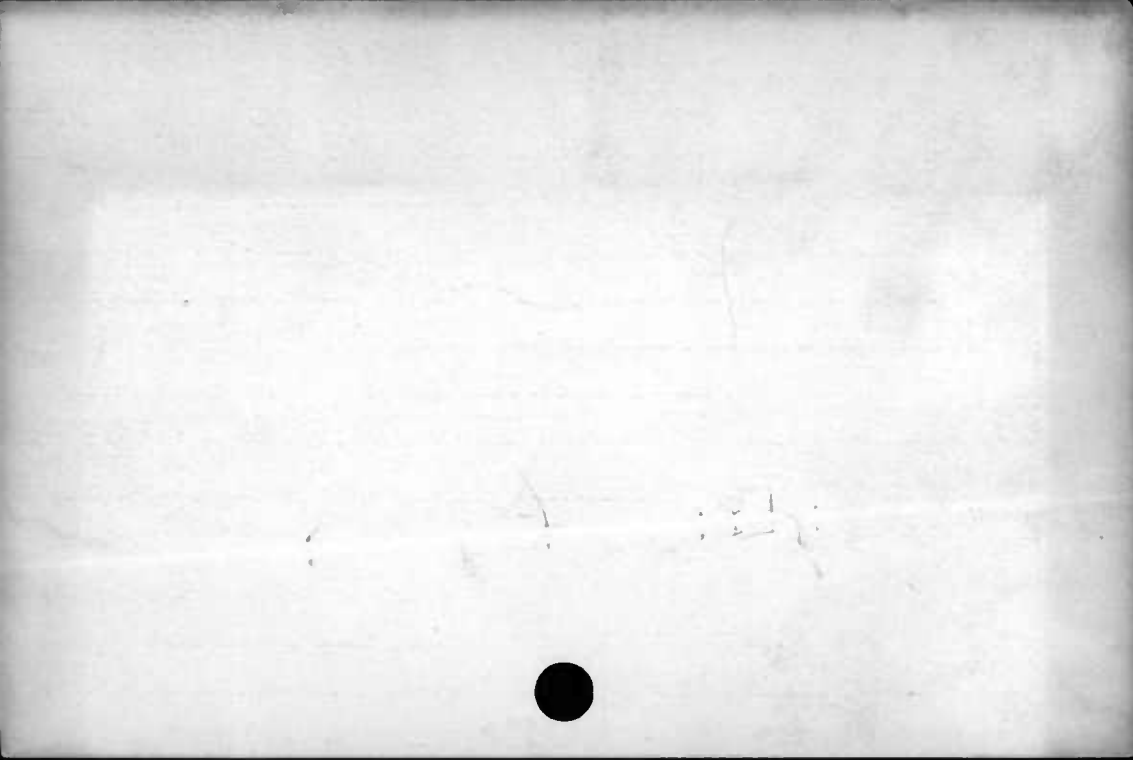
Robert Roberts

Died at ^{Town} Urbana Dist. ^{County} Frederick MARYLANDDate 19 ^{Month} 02 ^{Day} Oct - 4 - ^{Y.} Age ^{M.} 65 ^{O.} 5 ^{Native of} Md ^{Occupation} LaborerMale ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Number of children living 8Husband of Charlotte RobertsFather's Name Charlotte Roberts Mother's Maiden NameCause of Death { Primary Immediate } Paralysis ⁶⁶ How long sick 2 weeks Accident, Suicide, HomicideReported by E. E. Culhine, M.D.Address Urbana Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Morrice Cramer Routzahn				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mt Pleasant		County Baltimore		MARYLAND
	Date of death 1902		Month Oct	Day 21	Age 0	Months 1	Days 24
	Sex Male		Color or Race White		Birth- place Mt Pleasant		
	Married, Single or Widowed				Occupation		
	Name of Wife or Husband						
	Father's Name Chas H Routzahn				Father's Birthplace Mt Pleasant Md		
	Mother's Maiden Name Phemie May "				Mother's Birthplace		
	Name of person giving Information May Routzahn				How related to deceased Aunt		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Marasmus (Phthisis)			27	How long Month
	Immediate		"			"	How long "
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician H. E. Stone		
					Address Mt Pleasant Md		
Accident or Suicide?							



Name In Full

Certificate of Death

Samuel Russell

15

Died ^{near} at ^{Town} New Market ^{County} Frederick

MARYLAND

Date 1902	Month 10	Day 19	Age 67-11-0	Y. M. D.	Native of Md	Occupation Farmer
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower		Number of children living 3	

Husband of ^{Wife} of Barbara Stabler

Father's Name Joshua Russell Mother's Maiden Name

Cause of	Primary Pneumonia	93	How long sick 3 days
Death	Immediate Embolism (died suddenly)		Accident, Suicide, Homicide

Reported by Howard H. Hopkins M. D.

Address New Market Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Male

White

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Reported by

Address

Month

Day

Y.

M.

D.

N. of

Occupation

MARYLAND

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Charles R. Shoppe

Town

County

Died at

Frederick

MARYLAND

Date 19

02

Month

Day

Oct 22

Y.

M.

D.

Age

67 9 14

Native of

Occupation

Carpenter

Male

White

Married

Widow

Divorced

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Cardiac Paralysis

How long sick

10 minutes

Death

Immediate

Abnormal

Accident, Suicide, Homicide

Reported by

L. M. Cuddy

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Alice Sabelle Smith

Town

County

Died at

MARYLAND

Died at Buckleys town Fred
 Month Day Y. M. D. Native of Occupation
 Date 1902 Oct 14 Age 49-2-23 Md
Male White Married Widow Divorced
Female Colored Single Widower Number of children living 0

Husband of Jas. H. Smith
 Wife
 Father's Name Mother's
 Name Maiden Name

Cause of { Primary Malignant Tumors How long sick 8 wks.
 Death { Immediate Accident, Suicide, Homicide

Reported by D. Clyde Rounton M.D.
 Address Buckleys town Md. 45

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Gibson Smith

Town

County

Died at

Liberty

Frederick

MARYLAND

Date 19

02

Month

Day

Oct-15-

Age

Y. M. D.

77.4.12

Native of

Fred Co

Occupation

Hotel Prop

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband

of

Wife

Mary A Holbrouner

Father's

Name

George W Smith

Mother's

Maiden Name

Catharine Gibson

Cause of

Primary

Bright's Disease

How long sick

2 years

Death

Immediate

Heart failure

120

Accident, Suicide, Homicide

Reported by

J. Thomas Smith

Address

Liberty, Md Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Town *Unionville* County *Frederick* *Smith*
 Died at *Unionville* *Frederick* MARYLAND

Month Day Y. M. D. Native of Occupation
 Date 19 *02* *Oct.* *2* Age *Ind.*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name *Andrew Smith* Mother's Maiden Name *Jessie Plaine*

Cause of Death { Primary *Still birth* How long sick
 Immediate *Six months pregnant* Accident, Suicide, Homicide

Reported by *Thomas P. Sappington M.D.*
 Address *Unionville* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73898



Name In Full

Certificate of Death

Clydie M. Shaler
 Town County

Died at

Fredrick

MARYLAND

Date 19 *02* Month *Oct* Day *16* Y. *'* M. *'* D. *'* Native of *Fredrick* Occupation

~~Male~~

White

~~Marrried~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of
Wife

Father's
Name

Mother's
Maiden Name

45

Cause of Death	Primary	<i>Cause of Overexertion</i>	How long sick	<i>2 years</i>
	Immediate	<i>Exhaustion</i>	Accident, Suicide, Homicide	

Reported by

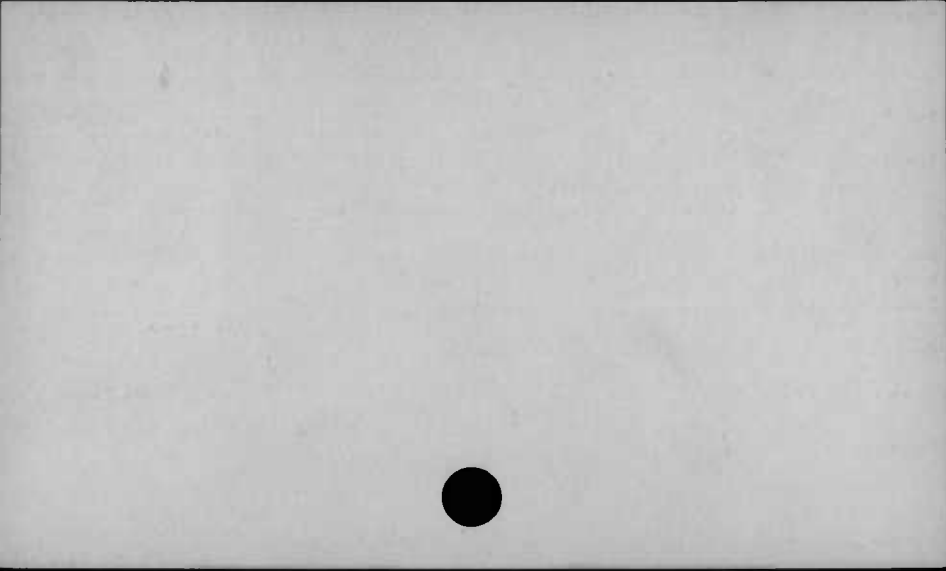
W. G. McComas

Address

*Fredrick**Ma.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78895



Name
in
Full

Thorba A. Staley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Yellow Springs</i> ^{Town}		<i>Spencer</i> ^{County}		MARYLAND	
Date of death 1902	Month <i>Oct.</i>	Day <i>22</i>	Age <i>49</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband					
Father's Name <i>Fredrick Staley</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Ed. Zimmerman</i>			How related to deceased <i>Nephew by Marriage</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Amiplegia</i>	How long <i>14 days</i>
Immediate <i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. Haffner, M.D.</i>
	Address <i>Indefrick, Ind.</i>
Accident or Suicide?	



Strailman

Town *Fredk* County *Fredk* MARYLAND

Died at

Date 19 *02* Month *10* Day *5* Age *- - 9* Native of *Ma* Occupation *---*

☒ Male ☐ White ☒ Married ☐ Widow ☐ Divorced
☐ Female ☐ Colored ☐ Single ☒ Widower ☐ Number of children living

Husband of _____
Wife

Father's Name *Clas Strailman* Mother's Maiden Name *Esther Baer*

Cause of Death { Primary *Twinning Neonatrum* How long sick *two days*
Immediate _____ Accident, Suicide, Homicide

Reported by *Dr. Mrs. C. Johnson* 72

Address *Fredk Ma*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Geo. C. Summers

Town

County

Fred

Fred.

MARYLAND

Died at

Date 1912

Month

Day

Y.

M.

D.

Native of

Occupation

10

28

Age

12

6

Fred

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Frank Summers

Mother's

Maiden Name

Charlotte Miller

Cause of

Primary

Injury
Shock

166

How long sick

5 days.

Death

Immediate

Accident, Suicide, Homicide

Reported by

D. C. Cullen

Address

Adamsdown road

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79001



Name in Full

Certificate of Death

Louisa Alberta Swope

Died at

Town
Frederick

County

"

MARYLAND

Date 19

02

Month

10

Day

9

Y.

M.

D.

Age

48 11 24

Native of

Penn.

Occupation

HW~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife

John Swope

Father's

Name

Isaac B. Howser

Mother's

Maiden Name

Sara L. Hildebrand

Cause of

Primary

Chronic Brights Disease

How long sick

1 Year

Death

Immediate

Exhaustion~~Accident, Suicide, Homicide~~

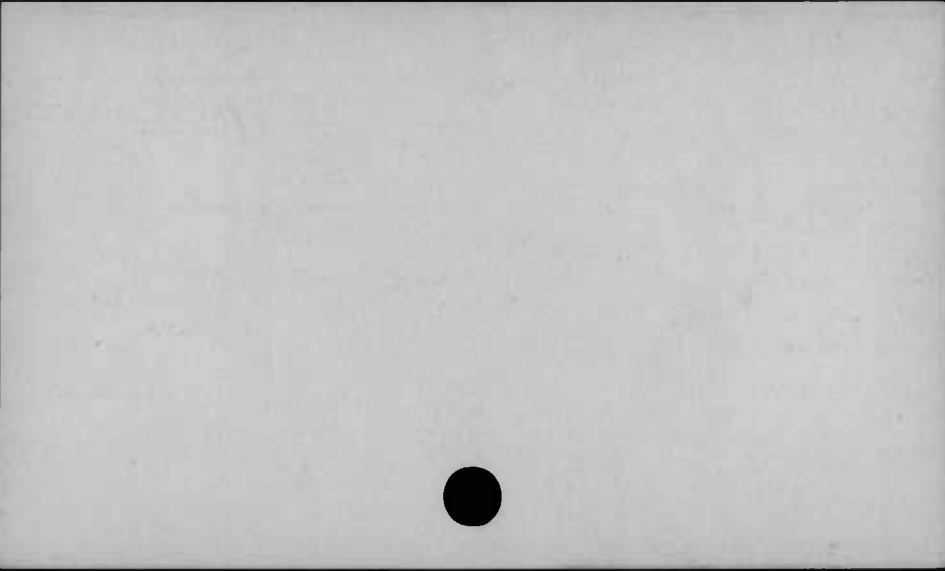
Reported by

Wm. J. Goodlee, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Nora Thompson

CERTIFICATE OF DEATH

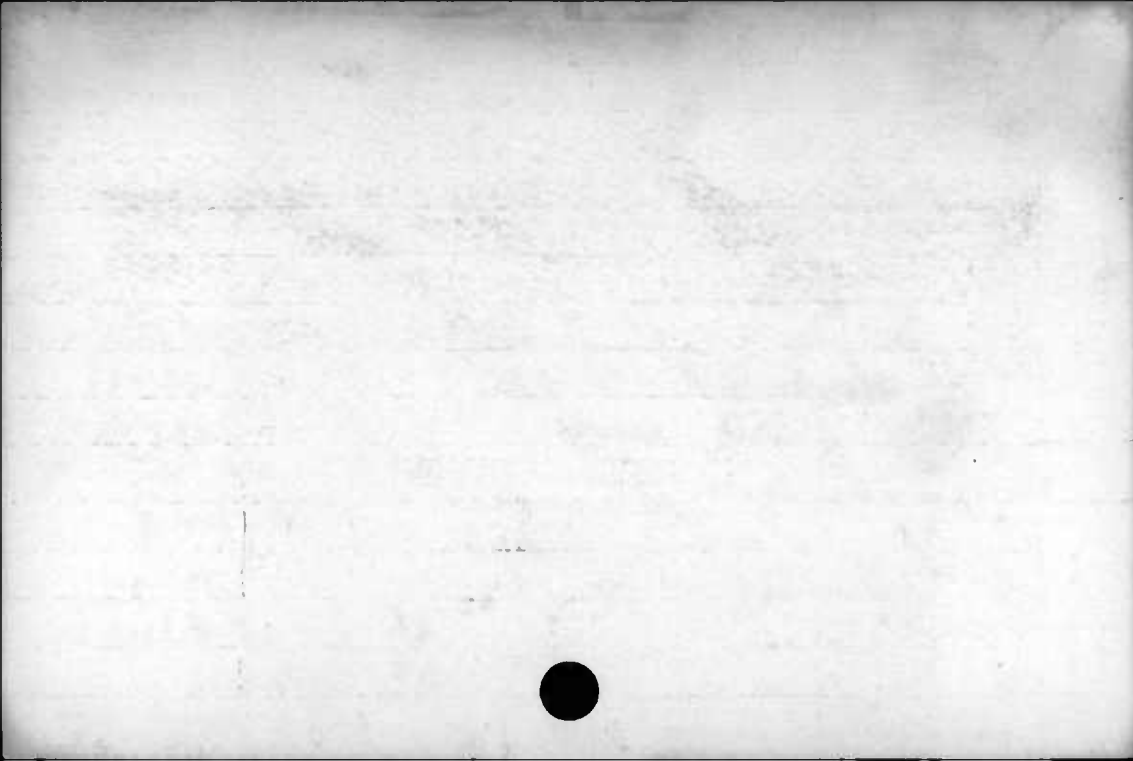
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death 1902		Month Oct.	Day 28	Age 54 (?)	Years (?)	Months (?)	Days (?)
Sex Female		Color or Race Colored		Birth- place New London, Md.			
Married, Single or Widowed		Married		Occupation Housewife			
Name of Wife or Husband		Samuel Thompson					
Father's Name		Louis Jackson				Father's Birthplace Md.	
Mother's Maiden Name		Mary Dutcher				Mother's Birthplace Buckeysburg, Md.	
Name of person giving in formation		Mary Dutcher-Jackson				How related to deceased Mother	

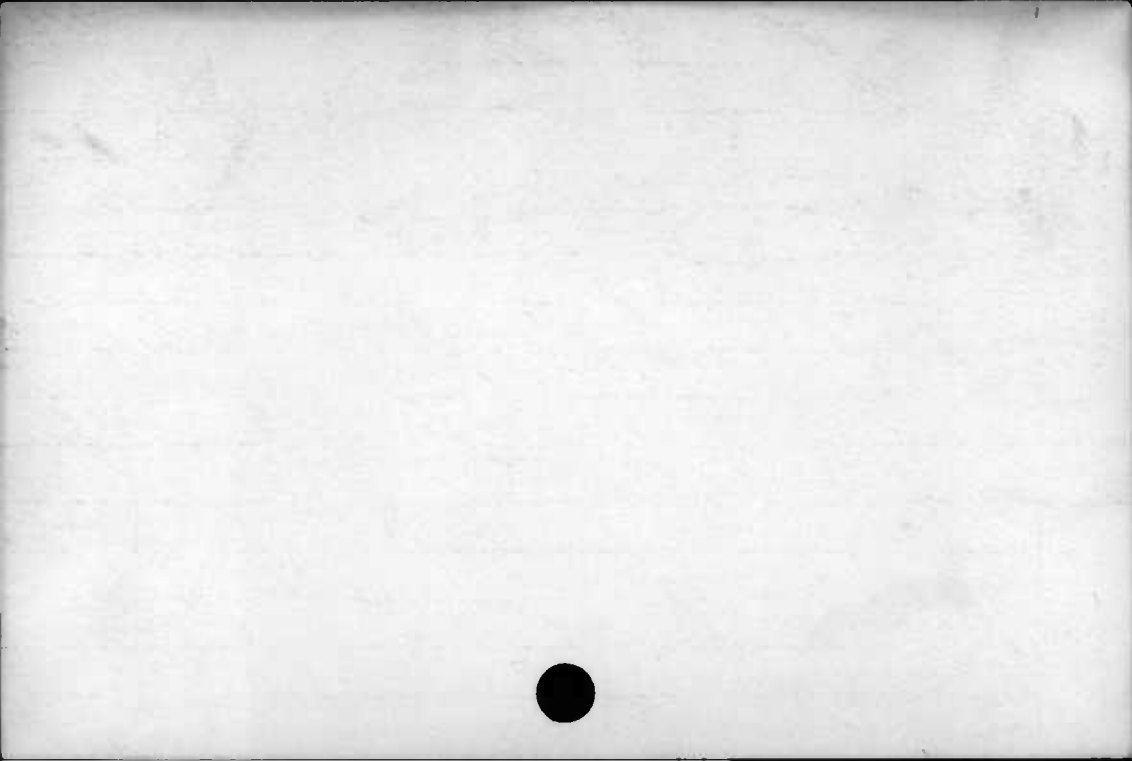
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis	How long	12 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		U. G. Bourne M.D.	
Address		Frederick, Md.	
Accident or Sulcide?			



Name in Full		Richard Allen Thompson				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Mt Pleasant		Frederick			
Date of death 190		2		Month		Oct	
		Day		2		Age	
				Years		1	
				Months		0	
				Days		1	
Sex		Male		Color or Race		Black	
				Birth-place		Mt Pleasant	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				McKelvey Thompson			
Father's Birthplace				Mt Pleasant			
Mother's Maiden Name				Sarah B Jones			
Mother's Birthplace				" "			
Name of person giving information				dont know			
How related to deceased				dont know			
Inflammation brain							
CAUSES OF DEATH							
Primary				How long			
" "				1 week			
Immediate				How long			
Spasms				" "			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
ms				L. E. Stone			
				Address			
				Mt Pleasant			
Accident or Suicide?				M. d. X			



Name
in
Full

Geo C. Haller -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Annapolis</u>		Town <u>Annapolis</u>		County <u>Frederick</u>		MARYLAND	
Date of death 1902	Month <u>Oct</u>	Day <u>5</u>	Age <u>—</u>	Years <u>—</u>	Months <u>2</u>	Days <u>12</u>	
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>near Annapolis</u>				
Married Single <u>Single</u>		Occupation <u>Linger</u>					
Name of Wife or Husband							
Father's Name <u>Geo. Haller</u>				Father's Birthplace <u>Urbanville</u>			
Mother's Maiden Name <u>J. M. O'Bryen</u>				Mother's Birthplace <u>" "</u>			
Name of person giving information <u>105</u>				How related to deceased <u>—</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Murder</u>	How long <u>2 m</u>
Immediate <u>Asphyxia</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. E. Mullins</u>
	Address <u>Urbanville Md</u>
Accident or Suicide?	

Interment Oct 7th

at Mt Olivet

ATBice & Sons

Name in Full

Certificate of Death

Robert M. Warfield

Town

County

Died at Frederick.

"

MARYLAND

Date 18	Month	Day	Y.	M.	D.	Native of	Occupation
1902	10	17	4	7	6	md	X
Male	White	Married			Widow	Divorced	
Female	Colored	Single			Widower	Number of children living	

 Husband of X
 Wife

 Father's Name Jas R. Warfield
 Mother's Name Mallie Kelly

Cause of	Primary	How long sick
Death	Immediate	6 days
	Paralysis of heart	Accident, Suicide, Homicide

Reported by C. J. Fordham, Ind.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1902



Name
in
Full

No name Infant West

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Walkersville^{County} FrederickDate
of death 190

Month

10

Day

2

Age

Years

—

Months

Days

Sex

—

Color or
Race

Colored

Birth-
place

near Walkersville

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

George W. West Col

Father's
Birthplace

Frederick Co

Mother's
Maiden Name

Emma West "

Mother's
Birthplace

" Parents

Name of person giving
information

Jas W. Jackson

How related
to deceased

CAUSES OF DEATH

Primary

Still born Colored,

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

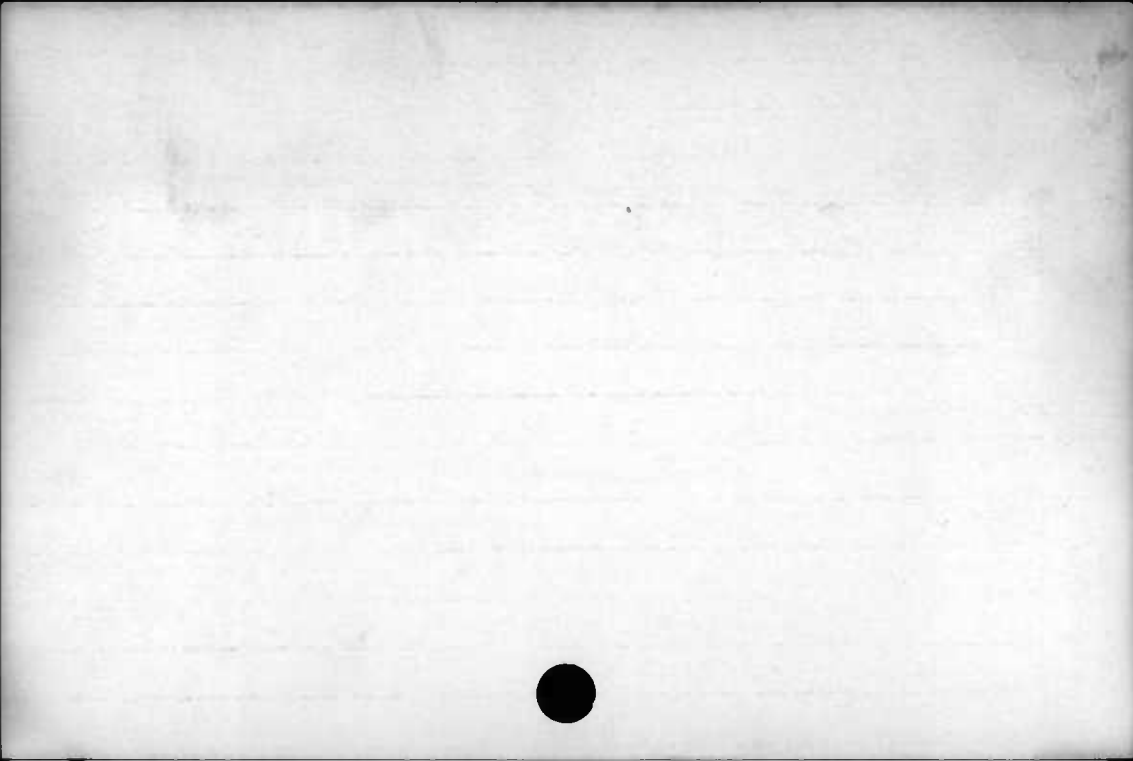
None

Address

Walkersville

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Juliana White
 Town *Emmitsburg* County *Frederick* MARYLAND
 Died at
 Date 19*02* Month *10* Day *16* Age *83* Y. *2* M. *25* D. *25* Native of *England* Occupation *Religious*
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living *None*

Husband of

Wife

Father's Name *Thomas B White* Mother's Name *Harriet Hunt*

Cause of Death { Primary *Ulcers from Venereal* How long sick *24 months*
 Immediate *Apoplexy of the Brain* Accident, Suicide, Homicide

Reported by *John B. Brauer, M.D., City*Address *Emmitsburg*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Preston Whiting

Died at ~~near~~ Town

Ponton Rocks Frederick

County

MARYLAND

Date 1902 Oct 1

Month Day Y. M. D.

Native of

Occupation

Age 28

Male

Married

Widow

Divorced

Number of children living 3

Colored

Single

Widower

Husband

Wife

Father's Name

Mother's Name

Cause of

Death

How long sick

Primary

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gottlieb Roscoe Wise

Town

County

MARYLAND

Died at Middle Town

Breedon's R

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	Oct	20	0	10	11	MD	None
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

Father's Name Geo A Wise

Mother's Name Edith Kate Long

Cause of	Primary	Immediate
Death	Pneumonia	Heart failure

How long sick

3 days

Accident, Suicide, Homicide

Reported by

Ed Beckley MD

Address

Middleton 2nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 73398

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name
in
Full

CERTIFICATE OF DEATH

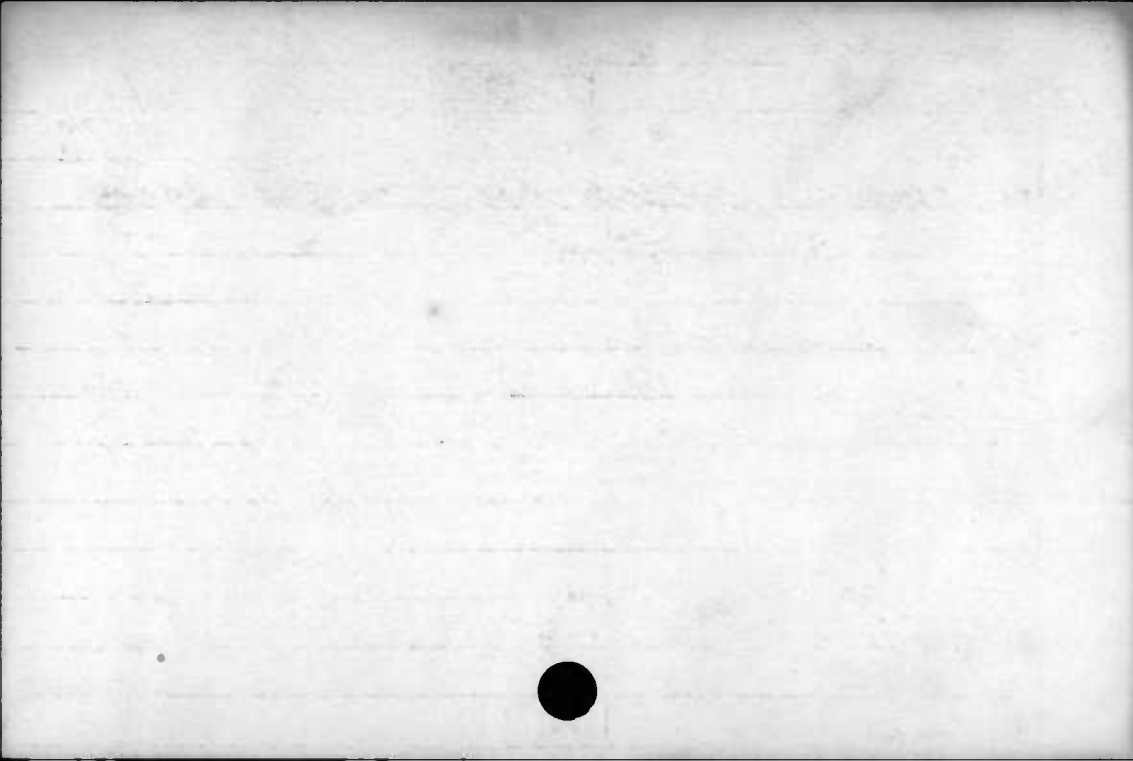
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Janey Mary Elizabeth Zedricks.</i>		Town <i>Frederick.</i>		County <i>Frederick.</i>		MARYLAND	
Died at							
Date of death 1902		Month <i>October.</i>		Day <i>27</i>		Age Years <i>8</i>	
Sex <i>Female.</i>		Color or Race <i>colored.</i>		Birth- place <i>Frederick.</i>		Months <i>11</i>	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Henry Zedricks.</i>		Father's Birthplace <i>Maryland.</i>					
Mother's Maiden Name <i>Annie Zedricks.</i>		Mother's Birthplace <i>New Market, Md.</i>					
Name of person giving In formation <i>Annie Zedricks.</i>		How related to deceased <i>mother.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Consumption.</i>		How long <i>6 months.</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature Physician <i>W. G. Bourne, M.D.</i>	
		Address <i>Frederick, Md.</i>	
Accident or Suicide?			



Name
in
Full

Not Known

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunswick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 190	<i>2</i> Month	<i>17</i> Day	Age <i>unknown</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>unknown</i>		
Married, Single or Widowed <i>unknown</i>			Occupation <i>unknown</i>		
Name of Wife or Husband <i>unknown</i>					
Father's Name <i>" "</i>			Father's Birthplace <i>" "</i>		
Mother's Maiden Name <i>AT</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>166</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Killed by B.C. car</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. H. Fute + Bio Funeral</i>
<i>Director</i>	Address <i>Brunswick Md</i>
Accident or suicide?	

